

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/548378

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				3		
5				3		
6				3		
7				①		
8				④		
9				①		
10				①		
11				①		
12				①		
13				①		
14				①		
15				①		
16			1			
17				1		
18				2		
19				2		
20				①		
21				①		
22				①		
23				④		
24				①		
25				①		
26				④		
27				①		
28				①		
29			1			
30				1		
31				2		
32						
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45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	37	←		←
TOTAL CLAIMS			40			

PTO-1340 (REV. 11/04)

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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